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Complete and send this form, together with applicable fee(s), to: Mail

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William W. Letson

23556

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05/19/2004

KIMBERLY-CLARK WORLDWIDE, INC.  
401 NORTH LAKE STREET  
NEENAH, WI 54956

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William W. Letson

(Depositor's name)

(Signature)

June 14, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/026,200	12/21/2001	Kristy Peterson	17391	8445

TITLE OF INVENTION: CARRIER AND SPECIMEN-HANDLING TOOL FOR USE IN DIAGNOSTIC TESTING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/19/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
REDDING, DAVID A	1744	435-309100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 William W. Letson

2 Nancy M. Klembus

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Kimberly-Clark Worldwide, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Neenah, Wisconsin

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0875 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Date)

June 14, 2004

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06/15/2004 AWONDAF2 00000012 110875 10026200

01 FC:1501

1330.00 DA

02 FC:1504

300.00 DA

03 FC:8001

3.00 DA

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PAGE 2/2 \* RCVD AT 6/14/2004 2:21:46 PM [Eastern Daylight Time] \* SVR:USPTO-EFXXF-2/2 \* DNIS:7464000 \* CSID:770 587 7327 \* DURATION (mm-ss):01-10

AGE .02 \*\*

**Kimberly-Clark Corporation**

Facsimile

	Name	Company	Fax Number
To:	BOX ISSUE FEE	U.S. Patent and Trademark Office	(703) 746-4000
FEE DUE DATE:	August 19, 2004		
Serial No.:	10/026,200		
Confirmation No.:	8445		
Applicant(s):	Kristy Peterson et al.		
Filed:	December 21, 2001		
For:	Carrier And Specimen-Handling Tool For Use In Diagnostic Testing		

From:	William W. Letson / PTO Registration No.: 42,797	Pages:	2, including cover sheet
Dept:	Patent / Legal	Date:	June 14, 2004
Fax:	770/ 587-7324		
Phone:	770/ 587-7183		

**URGENT - PLEASE DELIVER IMMEDIATELY TO BOX ISSUE FEE FOR PROCESSING.**

Thank you for your assistance in this regard.

On behalf of Vickie Trent  
Patent Administrator / Assistant to William W. Letson (Registration No.:42,797)  
Kimberly-Clark Corporation  
1400 Holcomb Bridge Rd. - Bldg. 200 / 1  
Roswell, GA 30076

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